SAINT BARTHOLOMEW'S HOSPITAL JOURNAL

SEPTEMBER, 1939

VOL. XLVI, No. 12 PRICE NINEPENCE

CONTENTS

ST. BARTHOLOMEW'S

HOSPITAL JOURNAL

VOL. XLVI.—No. 12 SEPTEMBER 1ST, 1939 PRICE NINEPENCE

CALENDAR

Fri., Sept. 1.—Dr. Chandler and Mr. Roberts on duty.
Tues., ,, 5.—Dr. Gow and Mr. Vick on duty.
Fri., ,, 8.—Dr. Graham and Mr. Wilson on duty.
Tues., ,, 12.—Dr. Evans and Sir Girling Ball on duty.
Fri., ,, 15.—Prof. Christie and Prof. Paterson Ross on duty.

Last day for receiving letters for the October issue of the Journal.

Tues., Sept. 19.—Dr. Chandler and Mr. Roberts on duty.

Last day for receiving other matter for the October issue of the Journal.

Fri., ,, 22.—Dr. Gow and Mr. Vick on duty.
Tues., ,, 26.—Dr. Graham and Mr. Wilson on duty.
Fri., ,, 29.—Dr. Evans and Sir Girling Ball on duty.

WAR OR NO WAR . . .

A WEEK ago, when I first contemplated this Editorial, my firm intention was to write on the subject which most closely concerned nearly all of us at that time—that of Holidays. Since then war has enveloped us with overwhelming intensity; to-day we have performed manual labour—some of us for the first time in our lives—in the act of filling sacks with sand; to-morrow who knows what is before us in the days that are coming? Perhaps the clouds will blow over as they did last September, though we must hope that the winds that blow them away will be of a different nature. Or perhaps we shall embark on a life the character of which we can only guess at darkly and vaguely. Whatever sort of life it may be it will not find us unprepared, and whatever we are called upon to do there can be no doubt that we shall do it with energy if not with skill, and cheerfulness if not with effect.

Hitler, we are told with assurance from reliable quarters, was a victim of what psychologists call the "œdipus complex"; in that fact alone seems to me to lie the biggest lesson the doctors of the future can learn from the present state. It would be idle for me to explain what an "œdipus complex" is; let it suffice to say that Hitler's whole outlook on life is the result of certain failings in the relations between his father and mother and himself. Mussolini, we know, also is what he is for psychological reasons of a rather different nature. Is it too much to hope that the general practitioner of the future may profit by these examples and learn to educate the world's parents, that their childrens' lives may not be made a misery to themselves and, in such extreme cases as these to thousands of millions of the human race besides?

Stekel says: "Psychotherapeutists and general practitioners can devote themselves to a grateful task

by trying to educate parents. What more important mission can a doctor fulfil? Perhaps as a new age dawns there will come new human beings and new outlooks. We live in a time of transition. . . ."

But I was going to talk about Holidays—and neither Hitler nor Chamberlain nor Wars will turn me from my purpose. Whatever the future may hold in store for us, most of us will be able, if we have time, to look back upon hot sunny August days by the sea, or among mountains or green valleys. Days when the unconscious mind was devoted entirely to the object of letting the body store ultra-violet rays against the winter; days when the conscious mind dwelt only on the gentler things of life.

For me the memory that will stay is of a Kerry trout stream in the evening, with the sun casting the shadow of a blue mountain across the pool—and a heavy fish rising to my fly at the tail of the eddy under the far bank . . .

But we must not forget that there are some of us who have not started on their holiday; to them we can only give our deepest sympathy. I can well believe, as I heard the other day, that after a man's holiday the cilia in his nose work about ten times as fast as they did before. And yet there are people in this Hospital of ours who dare not take a holiday for fear they might miss some priceless pearl of knowledge while they were away; surely, if they miss their holidays, they are missing things far more important than knowledge; things that make the difference between a doctor and a fact-full automaton.

Those who shake their heads and pretend they know have been telling us for a long time that if another war came civilization would be doomed. I cannot accept that. "While there's a wind on the heath", said Borrow, while there are still left unspoilt pieces of earth where man and his imagination can wander freely, then no paltry dictator can take Life away from us. I am convinced that there is an ultimate purpose in everything, and that if War comes it must bring with it in the end some benefit to mankind, hard though it is to see now what that could possibly be.

Finally we must state here that if this War happens this will be the last issue of the JOURNAL until it is over. And yet at this moment I still cannot shake off a deep sureness that circumstances will allow the next number to be produced as usual. No doubt we shall all know the worst before this appears in print.

OUR CANDID CAMERA

"I suppose those *are* our 'planes!"

APPOINTMENTS

ROYAL COLLEGE OF PHYSICIANS

LORD HORDER has been appointed Harveian Orator for 1940.

The Weber Parker Prize and Medal awarded to SIR PENDRILL VARRIER-JONES for his work on Tuberculosis at the Papworth Village Settlement.

ROYAL COLLEGE OF SURGEONS

H. TAYLOR and A. H. MCINDOE have been elected to Hunterian Professorships.

As Others See Us

From "The Diary of a Guy's Student, October–November, 1811" (*Guy's Hospital Gazette*, August 26th, 1939).

"10 mo. 17 (17th Oct., 1811).—Went to Dr. Hayton's lecture at eight. Went through the area of St. Bartholomew's Hospital. It is composed of four large stone buildings surrounding a very large yard."

INTRODUCTION TO MEDICINE

By F. AVERY JONES, M.D., M.R.C.P.

"The inevitable subdivision of medicine into specialization has broken the continuity of teaching. The value of the "general approach" to any and every case, whether to a tonsillar infection or a patch of eczema, an enlarged prostate, or an anxiety state, is in danger of being forgotten. Investigation is tending to supersede and exclude, instead of to supplement clinical appraisement. In his first three years, the student observes and investigates too little; in his last three years, while learning to observe and investigate, he forgets his physiology and thinks too little."—PROFESSOR J. RYLE, "Clinical Sense and Clinical Science", *Lancet*, 1939, i, p. 1083.

IT is only by a complete understanding of the patient, his ancestry and environment, that the physician can fully assist the work of Nature in the treatment of disease. The "general approach" with its appreciation of these factors in the cause and treatment of illness is an aspect of medicine which should be emphasized at the very onset of clinical work.

Senior students tend to think of illness in terms of abnormal physical signs, or disturbed biochemistry only, and to treat the disease, rather than the patient. They find patients dull and uninteresting when they do not present any gross abnormality, and this is unfortunate, for such cases will form the bulk of those seen later in general practice. This attitude of mind may be due to a lack of appreciation of the "general approach" to medicine.

A disease process can be described in mechanical or biochemical terms, but its effect on man can seldom be accurately predicted, for the human element plays so large a part. Medicine is not, and cannot be, an exact science. It is important therefore that at the most impressionable time of his career, on first entering the Hospital, the student should be introduced, not only to the scientific aspect of medicine, but also to the patient as an individual. He must realize the role of heredity, past life and habits, environmental circumstances and anxieties in relation to the cause and treatment of illness. Such an approach to medicine might be encouraged by a series of demonstrations given during the first three months of clinical work in conjunction with the preliminary medical course. Whenever possible, a patient well known to the physician would be the subject of the discussion. The history would be elicited and heard in the patient's own words, and any relevant points in the past or family history would be emphasized, and the effect of the illness on the life of the patient shown by suitable questions. The student would see and hear a patient, whose life, perhaps, had been profoundly upset by his illness and would appreciate the part played by the physician in assisting the return to normal. He would realize the immense power of mind over body, not only the part it plays in the cause, but also in the progress of the disease. He might observe that the unhappy patient is not necessarily the one with the greatest disability, but rather the one who cannot adapt himself to his malady. Such demonstrations could be augmented by a simple discussion, and a brief account given of the main problems which the disease still presents. It would be possible to give a bird's-eye view of the problems of medicine and an appreciation of the progress that has been made in recent years. Such cases as the following could be shown:

Mrs. A., who was the first diabetic in this Hospital to receive insulin, 17 years ago. She gives an excellent description of her symptoms and illustrates one of the major advances of medicine. Of great interest is the account of her restricted life before insulin, and her full and active life to-day on a practically normal diet. The student has already a fair knowledge of the physiology of insulin, and a brief description of the new insulins and their use in this patient makes an interesting introduction to clinical diabetes. The student would gain the impression of medicine as a rapidly advancing science. Further possibilities and problems could be briefly discussed.

Mr. B., a straightforward case of pulmonary tuberculosis. The consequences of the disease on the patient's work and future life could be brought out, as well as his reaction to his disease. The morbid anatomy could be simply discussed and illustrated by X-rays and specimens. The student would remember, not only this material side, but also the responsibilities of the physician in establishing a diagnosis which may gravely affect a patient's economic life. Further, an account of tuberculosis as a problem of public health would stress the relationship of the community to an infectious disease.

Mr. C., a hæmophiliac who has suffered all the classical manifestations of his disease, and who proudly produces his family tree, which he has seen fit to continue. He would be an interesting case for a discussion in eugenics.

Mr. D., an engine-driver, who for many years has

cheerfully battled against a progressive gouty arthritis, and has kept to his work in spite of many crippling attacks.

Mr. E., who was admitted with lobar pneumonia and treated with M. & B. 693. Such a patient would illustrate the principles of treatment of acute infection and the remarkable results of chemotherapy.

Mr. F., admitted with hypertensive heart failure, would introduce the student to one of the major problems of medicine, and would lead to an account of recent experimental work on hypertension. Not only would this add interest to his future clinical work, but would illustrate the experimental approach to medicine. With his recently acquired knowledge of physiology, and without preconceived ideas on clinical problems, it is possible that the student might be able to start work on a previously unexplored avenue.

Mrs. G., who through no fault of her own lost her business at the age of 60, and developed within a short time a large gastric ulcer.

The role of anxiety in disease could be discussed here. First, the bodily effect of fear described in terms of physiology, and then the way in which chronic nervous tension can give rise to symptoms. This is well known, and is the basis of much ill-health seen in general practice. "More people are sick because they are unhappy, than unhappy because they are sick." What is perhaps debatable is the possibility that anxiety may cause organic disease. There is a great deal of evidence that it may do so, and may be an important factor in peptic ulceration, ulcerative colitis, rheumatism, thyrotoxicosis, etc. Many people, of course, suffer great emotional distress and do not develop an organic lesion, but then not everyone develops meningitis if they harbour the meningococcus in their post-nasal space. If it is debatable that emotional stress could initiate these diseases, there is no doubt that it plays an important part in influencing the natural history of these illnesses, and is an aspect to consider and treat in every case.

Such a series of demonstrations might give the student a conception of the true relation of physician, patient and disease. It would also give him an approach to medicine by which he could derive interest out of patients who had no abnormal physical signs.

I believe that this glimpse of the edifice which the student is building would help him in laying solid foundations. Much hard work will be required, but it will be easier, if he has some perspective of the different aspects of medical studies, in relation to his future work. The time to give him this guidance is when he enters the Hospital, not during the later years of his student career.

This article is in no way meant to belittle the importance of accurate examination, or to detract from the importance of physical signs in which the students receive sufficient instruction. Not only is there the preliminary course in medicine, but Chief Assistants are responsible for the adequate drilling of their clerks in routine methods of examination, which can easily be achieved in three months. It would be easier, however, if there were facilities for calling on a museum of classical physical signs so that they could be certain that the students have seen, examined and understood all the common abnormalities.

There are other points which I should stress to students just beginning clinical medicine. I should mention the value of students to the patients in the wards. The clerk or dresser has better opportunities of getting to know his patient than any other member of the medical staff. By maintaining the patient's morale, allaying unfounded fears, and holding a watching brief for the patient's comfort, the student fulfils a valuable role.

I should mention the danger of early specialization at the expense of general medicine, but at the same time indicate the value of special departments to final year students and to those who have qualified. In such departments the student will see how greatly diseases may differ from the text-book descriptions and will appreciate the difficulties of early diagnosis. Neurology is perhaps the best for this purpose, for in addition to providing interesting problems in mental gymnastics, and in locating organic disease, the role of anxiety and emotional upsets in the production of ill-health is well seen. He will gain a balanced approach to medicine, and will see the value of elementary common-sense psychology such as is open to all to practice; but he will also learn which cases really need the guidance of an experienced psychiatrist.

In conclusion, I should recommend him to read Peter Quince in "Grains and Scruples", *Lancet*, 1939, i, 1286, 1343, 1399, 1458:

> "The funniest teacher I ever had once exclaimed at a bedside to a distinguished colleague: 'This patient is a test tube. Pour alkalis into him, making his blood pH more than X and his kidneys secrete thus; make it less than X and his kidneys do the other thing', or words to that effect. The other day, some fifteen years later, I again accompanied him on a ward round. Pausing at the foot of a bed occupied by a woman suffering from trigeminal herpes, he said: 'This patient has intractable neuralgia. Her mother died recently and she has lost her job. Her relatives do not want to be burdened with her. She has nothing to live for and nowhere to go. . . . This pain is her escape from Life. . . . It is her Little Friend.' (Yes, that was his exact phrase!) 'Is it wise even to attempt to part them?' All bystanders were visibly impressed, and a foreign gentleman even went so far as to make a note. And we passed on to the next bed. Which only goes to show how the psychological approach to disease is gaining ground, and how some old dogs can still learn new tricks."

A NEGLECTED SYMPTOM OF CARCINOMA OF THE STOMACH

By A. HOLMES SMITH.

IT does not appear to be generally recognized that dysphagia may be a symptom of carcinoma of the stomach, more especially if the cardiac end is involved. The following cases illustrate this fact.

(*a*) *J. R*—, *male*, æt. 58; 3-4 months' history of indigestion and pain for ½–1 hour after food ; gradually became afraid to eat. Found that " liquids did not seem to go down so easily ". Recent loss of about 1 st. of weight. Test meal showed extreme hypochlorhydria. *At operation*, free fluid was found in the abdomen and the stomach wall was extensively involved with growth to the cardiac end, being also attached to the colon. No glandular involvement seen.

(*b*) *S. C*—, *male*, æt. 41; 2 years' history of "difficulty in swallowing ", with a sensation of sticking at the level of the xiphisternum. Loss of about 2 st. of weight. X-ray showed cardiospasm. *At operation* : Body of stomach was found to be hard, thickened and contracted, with a hard mass at the cardiac end. Œsophagoscopy had shown an œsophagus dilated to twice normal size.

(*c*) *R. G*—, *male*, æt. 61; 2 months' history that " solids seemed to stick at the root of the neck ", also loss of appetite and of " 2 st. of weight "; 1 month epigastric pain. On examination indefinite swelling to left of and above umbilicus. *At operation* : Hard mass at cardiac end of stomach—4 in. in diameter, matted to surrounding structures ; pyloric end of the stomach was normal.

(*d*) *E. R*—, *male*, æt. 63; 10 years' history of epigastric pain relieved by food and alkali ; 4 years, pain became worse ; 6 months, gave up his job ; was now retching and vomiting, and had dysphagia. No loss of weight. Operation was refused. Gastroscopy suggested carcinoma of the fundus. X-ray diagnosis : " New growth of the stomach involving the cardiac end, and probably the lower end of the œsophagus ".

(*e*) *R. B*—, *male*, æt. 50; 3 months' history of nausea and occasional vomiting ; 2½ months' onset of " sensation of a lump and of something sticking in the œsophagus " ; 2 months' pain unrelated to food ; anorexia and 1½ st. loss of weight in 3 months. *At operation* : Firm mass at the pylorus and hard glands along the lesser curve.

In contrast to the five cases described as showing dysphagia, two instances were found in which it is specifically stated that there was no dysphagia—although in both these cases the growth extended completely along the lesser curve. In five further cases recorded as involving the cardiac end of the stomach no mention of either the absence or presence of dysphagia is made.

In all the cases described, radical operative procedure was impossible, and palliative gastro-enterostomy with or without partial gastrectomy was the best treatment available. No mention is made in the notes as to the relief of dysphagia after operation.

The symptom has been recorded by Prof. Hermann Schlesinger (*Wien. klin. Wochenschrift.*), and it is stated to occur in 2% of cases of gastric carcinomata by Carnot and Caroli (2ieme Congres Internationale de Gastro-enterologie).

I should like to thank Dr. Medveir for his advice and assistance, and Prof. Paterson Ross for his permission to publish the above cases.

VIRTUE REWARDED

THE TALE OF A TOUGH OLD MAN.

By HOGARTH.

The Story

HIS BLADDER was at his umbilicus, and a few drops of blood started from his penis. He was in much discomfort.

Two hours previously a sleepy House Surgeon had protested to the Emergency Bed Service that a case of *papilloma vesicæ* was hardly a 2 a.m. emergency. But "his doctor says he's bleeding a great deal and may need transfusing" touched his heart. "Send him along" he grumbled and went back to bed.

And so, in the grey dawn, he attempted to decompress the bladder, but no catheter would pass. Nor would any sound, nor any bougie, nor even a filiform bougie. And after much manipulation the patient passed several ounces of blood and urine and felt better. Disgusted, the House Surgeon went back to bed; for an impassable yet permeable stricture is an insult.

The Patient

He was 70, this old man, and in his youth he had had gonorrhœa, and syphilis, and a bubo, and gummata on his legs; and when he was rather older he had had a external urethrotomy for a fibrous stricture of the urethra, and had failed to attend afterwards for periodic dilatations. And then quite recently he had had a carcinoma of the lip treated with radium and a recurrence subsequently excised.

And so here he was, with inactive pupils, a dilated heart and aortic murmurs; an astronomic blood-pressure, bronchitis and an enlarged liver; chronic retention of urine, and a large prostate, a urinary fistula nearby the anus, and a chancre-scarred penis; a double-plus Wassermann and a Sigma of astonishing proportions—but above all, an impassible fibrous stricture.

The Surgeons

They all tried to reach his bladder—surgeon, chief assistant, house surgeon—but without success. Under general anæsthesia they opened his bladder and passed a sound forwards to the stricture in the bulb. And then, in the lithotomy position, they passed a Wheelhouse's staff backwards to the stricture. And then they cut down through the perineum on to both of them, and with much labour and patience a gum-elastic catheter was chivvied into the bladder through the penis, the suprapubic wound was closed around a de Pezzer catheter, and the patient returned to the ward, draining urine in three directions—not counting the fistula.

Thereafter things worked by the calendar:

2 *days later* the perineum was healed.

2 *days after that* the de Pezzer was removed.

8 *days later* the urethral catheter followed suit.

2 *days later*, after offering up a short prayer, a catheter was passed . . . and stuck at the bulb. More prayers. Sounds, bougies, catheters. Suddenly a filiform bougie fell into the bladder and hastily it was tied in. The patient passed water.

3 *days later* (or 17 days after admission) there was a rigor, the perineum broke down and the penis became excessively œdematous. Reluctantly the suprapubic wound was reopened, and in passing a sound forwards to the bulb, a prostatic abscess was burst. A small rubber tube was inserted through the perineum into the bladder and kept in place by tapes attached to eyes on a metal ring gripping the tube. And then, partly for the benefit of the urethra and partly to show that there was no ill-feeling, the old man was circumcised.

The Outcome

10 *days later* the perineal tube was removed and a sound was successfully passed; a catheter was tied in.

2 *days later* he shed his catheter and a sound was again passed, though not without anxiety and difficulty. The battle was almost won. For some time the perineal sinus defeated us, but an in-dwelling catheter at first for 4 days, and later for 6 days, resulted in its closure.

(We got to know that urethra; to be quite fond of it. It went straight at first and then turned sharp left. And then it had a pouch on its upper wall and then it turned back to the right. And then suddenly, when you least expected it, you were in the bladder.)

So he left us, determined this time to attend for his periodic dilations. Perhaps he will need a prostatectomy soon. . . .

One last word. It was *Our* virtue which was rewarded not his.

A BART.'S PIONEER

By Sir WALTER LANGDON-BROWN, M.D., F.R.C.P.

A CENTENARY is shortly to be celebrated at Sutton Coldfield which should be of great interest to Bart.'s men, for it is to commemorate the publication of a book by George Bodington, who qualified from this Hospital in 1825, in which he urged open-air treatment for pulmonary tuberculosis. Through the kindness of Dr. Stanley Barnes, Dean of the Medical School at Birmingham University, I have had the opportunity of reading Bodington's *Essay on the Treatment and Cure of Pulmonary Consumption*, and was struck with its modern tone, so completely different from the orthodox views prevalent in 1840. A few extracts from it will make this obvious.

"One mode of treatment prevailing, consists in shutting the patients up in a close room, to exclude as far as possible the access of the atmospheric air; and thus forcing them to breathe over and over again the same foul air contaminated with the diseased effluvia of their own persons. But what could rationally be expected to be the result from such practice than that of the conversion of a slow or moderate consumption into an intense or galloping one? This is, indeed, a treatment founded on the most erroneous principles, and is much more deserving of reprobation than is even the apathetic indifference and desperate hopelessness generally entertained with regard to this disease.

"To aid the powers of the close room system, tartarized antimony is often given in excessive doses, and generally with the effect of nearly destroying the patient: It materially assists the disease in destroying the powers of nutrition, the muscular power, and the functions of the skin, at the same time increasing the nervous excitement." (pp. 2–3.)

"To live in and breathe freely the open air, without being deterred by the wind or weather, is one important and essential remedy in arresting its progress; one about which there appears to have generally prevailed, a groundless alarm lest the consumptive patient should take cold: Thus one of the essential measures necessary for the cure of this fatal disease is neglected, from the fear of suffering or incurring another disease of trifling import. No two diseases can be more distinct from each other than consumption and catarrh; it is the latter only which might be caught by exposure to atmospheric causes; with the former they have nothing to do. Farmers, shepherds, ploughmen, etc., are rarely liable to consumption, living constantly in the open air; whilst the inhabitants of the towns, and persons living much in close rooms, or whose occupations confine them many hours within doors, are its victims: The habits of these latter ought, in the treatment of the disease, to be made to resemble as much as possible those of the former class, as respects air and exercise, in order to effect a cure. How little does the plan of shutting up the patients in close rooms accord with this simple and obvious principle." (pp. 6, 7.)

"I come now to the most important remedial agent in the cure of consumption, that of the free use of a pure atmosphere; not the impure air of a close room, or even that of the house generally, but the air out of doors, early in the morning, either by riding or walking; the latter when the patients are able, but generally they are unable to continue sufficiently long in the open air on foot, therefore riding or carriage exercise should be employed for several hours daily, with intervals of walking as much as the strength will allow of, gradually increasing the length of the walk until it can be maintained easily several hours every day. The abode of the patient should be in an airy house in the country; if on an eminence the better: The neighbourhood chosen should be dry and high; the soil, generally of a light loam, a sandy or gravelly bottom; the atmosphere is in such situations comparatively free from fogs and dampness. The patient ought never to be deterred by the state of the weather from exercise in the open air; if wet and rainy, a covered vehicle should be employed, with open windows. The cold is never too severe for the consumptive patient in this climate; the cooler the air which passes into the lungs, the greater will be the benefit the patient will derive. Sharp frosty days in the winter season are most favourable. The application of cold pure air to the interior surface of the lungs is the most powerful sedative that can be applied, and does more to promote the healing and closing of cavities and ulcers of the lungs than any other means that can be employed." (pp. 15–17.)

"There cannot be a more fatal error than that which arises from the supposition of there being something deleterious in the external atmosphere, because persons cough when first brought into it out of unwholesome heated apartments: The latter should be especially avoided, and the apartments kept cool and airy, corresponding in temperature nearly to the external atmosphere, whilst the former should be courted and indulged in to the utmost. The surface of the body may and should always be kept warm by sufficient clothing, the lungs cool by the constant access of cold pure air to them; thus undue heat is driven from the interior to the surface. In the present instance it was soon found that by continuing a long time out of doors the cough abated materially; every day some improvement was observed to take place, very gradual, but constant." (pp. 28, 29.)

It will be observed that he favours the plan of graduated exercises on which more stress was laid a few years ago than to-day, and as he had no clinical thermometer as a guide, this part of his method could hardly have been free from risk. He put his theories to the test by taking a house at Sutton Coldfield and installing patients there, where the treatment he carried out was

the prototype of the innumerable open-air sanatoria of to-day. It cannot be said that his ideas were received with open arms. The review in the *Lancet* began as follows :

" The modest and rational preface with which the author introduces to us his pamphlet on pulmonary consumption has so far influenced us that we shall merely give an outline of his principles, without expending any portion of our critical wrath on his very crude ideas and unsupported assertions."

The *Lancet* did its best to make tardy amends, however, for when Dr. Bodington died in 1882, at the age of 82, it said in its obituary notice :

" It is remarkable that a village doctor should have arrived in 1840 at these conclusions, which anticipated some of our most recent teachings. It is less remarkable that he met with the usual fate of those who question authority. He was severely handled by the reviewers, and so discouraged from pursuing observations which might have been of the greatest value. In 1857, some years after he had given up general practice, a writer in the *Journal of Public Health* unearthed Dr. Bodington's treatise, and did him tardy but ample justice. We are glad again to claim for a general practitioner the high credit of having been the first, or among the first, to advocate the rational and scientific treatment of pulmonary consumption."

Dr. A. E. Bodington, of Winchester, reprinted the essay in 1906 with the whole of this obituary, and a new preface, in which he quotes an extract from a private letter from the author to his son in 1866 as follows: " I often think that when I am dead and buried perhaps the profession will be more disposed to do me some justice than whilst I live."

It is a sad and oft-repeated story ; new ideas seem automatically to call up some resistance in the minds of men. Bodington suffered in good company, for when Auenbrugger introduced the method of percussion he had, as Dr. Gee liked to tell us, to endure something harder than opposition, namely simple neglect. Hence my small contribution to retrieving the memory of George Bodington from the waters of Lethe.

WORDS, WORDS, WORDS

By G. T. S. W.

THERE clusters around the English language a number of words untutored sycophants of our plastic tongue. The glory of our language rests greatly in the diversity of its origin, for besides Anglo-Saxon, Greek, Latin, Norman and Old High German have crept in to form our polyglot speech. This adaptation from foreign sources to make English words is to our advantage. However, there remains outside the sphere of the English language a number of words and phrases, which are honoured with italics. Most of them are foolish words, which have either had so much snobbish conceit spun round them that fashion, or uselessness, dictates that they are unworthy to be truly adopted into the full body of the English tongue. These words unnecessarily help to fill the already overladen dictionaries, and steal the heritage of a true English word.

I am referring to that vast galaxy of words and tags, chiefly French or Latin. Glibly they trip from the tongue—*recherché*, *réchauffée*, *retroussé*, *résumé*. Now *outré* comes to mind close upon the heels of *otium cum dignitate*. Their name is legion. *Résumé* indeed ! There, waiting for use, are the words summary, essence, abstract, epitome. For *outré* there is overdressed, eccentric, or best, perhaps, garish. Surely far-fetched is more emphatic than *recherché*? Is not vivacity a better word than *élan*? And why, why should an English housewife have the ridiculous but frequent appellation of house-*frau*? Is nothing to be done to the man whom I heard only yesterday say *nolens volens* instead of willynilly? Nothing to my relation who, after Sunday luncheon, departs for his study with the words *otium cum dignitate*? His post-prandial snore cannot be masked with the words leisurely rest ; it must be shrouded by the hypocritical tag, *otium cum dignitate*.

To these words, unintelligibly granted the licence of italics, two things should be done ; either adoption direct, like nonchalant, or indirect like the word mutton ; or, if they refuse anglicization, they should drop out of current English—best of all. The assimilation of foreign words has been this island's especial forte. From the Greek are derived some of the most perfectly sonorous words in the English tongue : harmony and diapason, liturgy, miasma and antiphon bear testimony enough. Dryden made music with Greek :

> " From harmony, from heavenly harmony
> This universal frame began :
> From harmony to harmony
> Through all the compass of the notes it ran,
> The diapason closing full in man."

What instruments of music are harmony and diapason. Latin—inspiration of so much English prose—has done

much and will do more. Careen, antiquary, annals, nostrum, sibilant and glory speak of the beauty of the English adoption of the Latin language. Here is more Latin, both in its syntax and its etymology of words :

" Laodameia died ; Helen died ; Leda, the beloved of Jupiter went before. It is better to repose in the earth betimes than to sit up late ; better, than to cling pertinaciously to what we feel crumbling under us, and to protract an inevitable fall. We may enjoy the present while we are insensible of infirmity and decay ; but the present, like a note in music, is nothing but as it appertains to what is past and what is to come. There are no fields of amaranth on this side of the grave ; there are no voices, O Rhodopè ! that are not soon mute, however tuneful ; there is no name, with whatever emphasis of passionate love repeated, of which the echo is not faint at last."

How miserable would seem an italicized foreign intruder within this Latin cadence of Walter Savage Landor's *Æsop and Rhodopè* !

Fair France must not be forgotten before the omnipotence of the classics. The word punctilious, when traced through the etymological past, is derived from *pointille*. Chatelaine, sylph and pierrot make lovely English. My sole regret to French influence is that we anglicized menu, a mean word that crept into our language in the eighteenth century, to oust a respectable bill of fare. China stamped kotow on the English tongue. Spain has fed our language too—thus matador and picaroon. Bard is Welsh ; muezzin Arabic ; landscape is only the Dutch *landschap* ; mulligatawny but a Tamil word, meaning pepper water. In the pellucid heterogeneity of spoken English should lie its power to withstand these parasitic words which uneasily surround our tongue but do not belong to it.

It would be foolish, indeed unreasonable, to wish a change in the many Italian words used in music and art. *Mezzo*, *pianissimo*, *rallentando* and *appogiatura* in music, *morbidezza* in painting, are as international in usage as the medical term *anus*, or the legal *nisi prius*. This is obviously sensible, and there is a coherent reason for the existence of *pianissimo*, as there is for phthisis, or the zoological word phylum. Although science can sometimes overstress itself, when the depressing malady of having a lost voice is called aphonia.

With consummate ease we have adopted bizarre and lese-majesty. Now since our superior *débutantes*—what horror !—will always call our inferior débutantes *gauche* why should the word not be anglicized ? The *débutante* has now existed for innumerable generations ; surely the acute accent could be omitted, and she could drop out of italics as she puts up her hair ? Cannot war be waged on all those who call the English hall porter a *concièrge*, a masterpiece a *chef d'œuvre* ? Why must the story-teller be a *raconteur*—an excellent word if only it were allowed to be English ? Why not be chivalrous, and incorporate *tusitala* for current speech : Robert Louis Stevenson has immortalized it. Why italicize *pudenda*, why allow it to exist as a foreign word at all, when we could adopt it, or use the term genitals, or, for the bashful, private parts instead ? A queasy colonel could be forgiven for calling his wife a pucka Mem-Sahib, for at least he is speaking unitalicised Anglo-Indian, but no one should be allowed grace for having a *penchant* or *arrière-pensée*, when inclination and ulterior motive can be respectively offered in their place. Surely our pure English words like twinkle and shrew, awe and the gloaming of the twilight surpass any of these alien and unwanted visitors ?

From **The Breviarie of Health** . . . Compiled by ANDREWE BOORDE, Doctor of Phisicke : an Englishman. 1575.

The, 183. *chapiter doth shew of standing up of a man's heaire.*

Horripilacio is the latin woorde. In English it is named standing up of a mans heare.

This impediment doeth come of a colde reume myxt with a melancoly humour and fleume. It may come by a folishe feare when a man is by himselfe alone, and is a frayde of his owne shadow, or of a spirit. O what say I, I should have sayd afrayde of a spirit of the buttry, which be perylous beastes, for such sprites doeth trouble a man so sore that he can not dyvers tymes stande uppon his legges.

All this notwithstanding, with out any doute in thunderinge and in lyghtning, & tempestious wethers, many evil things hath been sene and done, but of all these aforesayd things a whorlewynde I doo not love, I in this matter myght both wryte and speake, the which I wyll passe over at this time.

This impediment doth come of a faynt heart, and of a fearefull mynde, and of a mans folysh conceyte, and of a tymerous fantasy.

Fyrst let every man, woman or chylde, animate themselfe upon God, and trust in him that never deceaved man, that ever had, hath, or shall have confidence in him, what can any evyll spirit or divell doe any man harme, without his wyll.

And if it be my Lorde Gods wyll, I would all the divells of hell dyd teare my flesh all to peeces, for gods wyll is my wyll in all thinges.

CORRESPONDENCE

Message from British Doctors to the World Assembly for Moral Rearmament

(California, August 1st, 1939.)

In the continuing uncertainty of world affairs, the medical profession, in common with others, are deeply concerned to restore the security essential to normal living. It is vital to create confidence during an emergency, but even more urgent to prevent catastrophe and to lay the foundations of a just and lasting peace.

Science has made great advances, but without corresponding moral progress we risk losing even the benefits already achieved.

Behind much disease, as behind world unrest, are fear, self-indulgence, jealousy and resentment. These are problems for which medicine might provide a radical solution.

It is still our privilege to enjoy unrivalled contact with the homes and the people of the nation. Our immediate task is to teach men that health is not the mere absence of disease, but includes a moral and spiritual foundation for life and the replacing of conflict and apathy with a purpose that claims the whole personality in the service of our fellows.

A growing body of people in many countries is calling for this Moral Rearmament to provide the discipline and the direction needed by both individuals and nations. Our profession can give a lead to such a programme which is in accord with the highest ideals of our traditions. To achieve it we realize that the highest standards of honesty and unselfishness must be the touchstone of our professional and private lives. Only by insistence on these spiritual values will the resources of all science be liberated and a new world built in which men can attain to their inherited capacity for physical, moral and spiritual development.

Signatories :

C. G. ANDERSON.	COLIN D. LINDSAY.
THOMAS BARLOW.	EWEN J. MACLEAN.
FLORENCE BARRETT.	A. LOUISE MCILROY.
HENRY B. BRACKENBURY.	JOHN BOYD ORR.
H. GUY DAIN.	LEONARD G. PARSONS.
W. MCADAM ECCLES.	DONALD PATERSON.
THOMAS FRASER.	LAMBERT ROGERS.
JOHN HAY.	HUMPHRY ROLLESTON.
HORDER.	W. J. STUART.
GEOFFREY JEFFERSON.	CECIL P. G. WAKELEY.
R. W. JOHNSTONE.	HAROLD BECKWITH WHITEHOUSE.
JOHN KIRK.	SAMSON WRIGHT.

July, 1939.

ART EXHIBITION

To the Editor, ' St. Bartholomew's Hospital Journal '.

DEAR SIR,—I have read the letter in the August number of the JOURNAL signed James Bague (Col. R.A.M.C. (ret.)), on the subject of the recent Art Exhibition with much interest, for I did not imagine that a person who reacted in such a manner to it could be found outside Bedlam. He says " with mingled shame and disgust I have observed the most pornographic exhibition of my life ". But the Col. may surely cheer up, for if the Exhibition really portrayed what he says it did, his past life must have been singularly blameless. The statement that artists in India are not considered within the scope of mess invitations may or may not be true, but, if true, seems a reflection on the mess rather than the artist.

Yours faithfully,

145, Harley Street, W. 1 ; *August 13th*, 1939.

C. M. HINDS HOWELL.

ANIMAL PATIENTS

To the Editor, ' St. Bartholomew's Hospital Journal '.

DEAR SIR,—In the July issue of the JOURNAL, under the caption " The Dog it was . . .", appeared an amusing account of the visit to the Hospital of a small grey dog presenting himself for treatment.

Looking over some old cuttings I came across one from the *Daily Mirror* of 1916 or 1917, showing a little member of the feline species, an air-raid victim, receiving treatment at Bart.'s.

As a student I remember this incident quite well, as possibly do other of your readers who were at Hospital during those exciting days.

I am,

Yours faithfully,

Sunnyside, Keymer Road, Hassocks, Sussex ; *August 13th*, 1939.

H. NEWTON ANDREWS.

REVIEWS

Cardiovascular Diseases: Their Diagnosis and Treatment. By DAVID SCHERF, M.D., and LINN J. BOYD, M.D., F.A.C.P. (William Heinemann (Medical Books), Ltd.) Price 21*s*.

This book on cardiovascular diseases is sufficiently small for ordinary reading purposes, but is sufficiently full of detail to be a useful source of clinical information for purposes of reference. The authors have obviously tried to compress as much as possible into its pages, and this has its advantages as well as its disadvantages. For purposes of easy reading the result is occasionally made somewhat confusing, but, on the other hand, frequent useful clinical facts are stumbled upon unexpectedly. The authors have wisely concentrated upon the clinical side of heart disease, avoiding the intricacies of modern electrocardiography.

The chapters on valvular disease are complete and interestingly written, but their indication that verrucose endocarditis so commonly an accompanying manifestation of acute rheumatic fever is not specific to that disease will hardly find general acceptance.

The remarks on coronary disease from the point of view of diagnosis, treatment and prognosis are full and interesting.

The reference to the cardiac pain which occurs in women around the menopause, presumably due to ovarian hypofunction, is worthy of particular attention.

Cardiac pain does not seem to have been clearly analysed into the coronary and the non-coronary types, the former, with the exception of coronary thrombosis, being essentially proportional to the degree of exercise and quantitative in nature ; the latter, having no such exact correspondence to the amount of effort, is practically never seen in cases of mitral stenosis.

There is a mention of the value of palpating the pulse in both arms on p. 70. It would surely be wiser to state that the blood-pressure on both sides should be compared. The physical sign which is, when present, most certainly diagnostic of aneurysm of the descending aorta, viz., lateral thoracic jerk occurring with cardiac systole, is not referred to on p. 326.

In conclusion it can be stated that this book is a serious and valuable contribution to the literature of cardiovascular disease, and will be found to be of use to those who are interested in this subject.

Epidemiology in Country Practice. By W. N. PICKLES. (John Wright & Sons, Ltd.) Price 7*s.* 6*d.*

This little book makes much more fascinating reading than the title might lead one to expect. Dr. Pickles, the author, is an observant man and a naturalist in medicine of the old order. As such he has written a book in a plain straightforward style which is altogether refreshing in these days of laboured utterances in medical writings. Apart from its intrinsic value as a record of simple observation by one engaged in country practice, the book serves as an appeal to other practitioners to make fuller use of those peculiar opportunities for observation and record which their position holds for them. To quote from the introduction : " The general practitioner is in the forefront of the battle, and his experience must necessarily be personal and vital."

One of the author's objects in writing this book was to emphasize " the ease with which the *fons et origo* of an epidemic could be traced in the country and the simple steps that were sufficient to bring it to an end ". In country places the lines of communication are few, and not very difficult to trace. For this reason the study of an epidemic and its mode of spread is very much easier and more accurate than it is in crowded industrial areas, where a host of factors, difficult to sort out, complicate the picture.

After giving a brief account of the technique he has adopted for recording and charting his cases of the infectious diseases, Dr. Pickles proceeds to examine critically the records of each of these diseases in turn. Whenever an epidemic of one of them crops up we find ourselves hot on the scent of the culprit who started it. Sometimes this takes us into the market town, sometimes to the local fête, and often into the village school. In most cases it has been possible to fix the incubation periods of these diseases by obtaining accurate knowledge of a single contact lasting only a few minutes or hours. The most interesting chapter is the one dealing with epidemic catarrhal jaundice, which cites evidence to suggest that this disease has a long incubation period of about 30 days. It is this fact which makes it so difficult to trace the source of infection in town practice.

It is interesting to find that the author's experience confirms the view that infants under the age of one year are relatively immune to measles ; the only case he noted was an infant whose mother contracted this disease, and so presumably had no immunity to transmit to her offspring to tide it over the early months of life. The opinion is expressed that the early stages of notifiable scarlet fever are not particularly infective, and evidence in support of this is given.

Other interesting matter is to be found in the chapters on Sonne dysentery and epidemic myalgia.

This book serves as an example to show what useful work can still be done by an observant worker in a country district. It is eminently readable, and can be recommended to student and practitioner alike.

Essentials of Fevers. By GERALD E. BREEN, M.D., D.P.H. (Livingstone.) Price 7*s.* 6*d.*

This little book sets out to give the student and medical practitioner a brief working knowledge of the common infectious fevers. Although much of the matter here dealt with is to be found elsewhere in the standard text-books of medicine, it is nevertheless convenient to have it collected together within the compass of a single small volume which can be referred to quickly when in doubt.

Preliminary chapters outline such fundamentals of the subject as infection, immunity and serum reactions ; and important terms, such as incubation period, quarantine and segregation period, are defined. Then follows a chapter on the different types of pyrexia which is illustrated with typical temperature charts. And after this some useful hints on elementary epidemiology, and the methods commonly used in the prevention and control of infection are given ; this includes notes on the nursing of infectious patients, and the various methods of isolation. For the rest, the book is made up of a succession of chapters dealing with each of the common fevers in turn. These sections, though brief, give practical information. The main emphasis is on diagnosis, and in this respect the information given is adequate, but the sections on treatment are extremely brief and suffer from the usual defects of most medical text-books of being couched in vague terms. From the practitioner's point of view perhaps these are faults which hardly matter, for he will be mainly interested in the hints on diagnosis. Once more the ungrammatical jargon of the medical text-books has crept in with such sentences as : " applications such as calamine cream are grateful ".

In spite of certain faults such as those outlined above, and certain important omissions, such as some mention of undulent fever, this little book should prove a useful, if dispensable, addition to the student's or the practitioner's library.

Pulmonary Tuberculosis. By G. G. KAYNE, W. PAGEL and L. O'SHAUGHNESSY. (Humphrey Milford, Oxford University Press.) Price 42*s.*

This book deals with the subject of pulmonary tuberculosis from many aspects. It commences with the pathology of this disease, discussing first the tubercle bacillus and its behaviour, then the pathological changes caused by it in the lung. The various stages of the disease occurring in man are well described and aptly illustrated.

Part II deals with the diagnosis of pulmonary tuberculosis, and here the importance of chest radiology is stressed—and rightly so—while at the same time due consideration is given to history, symptoms and physical signs.

The various methods of testing sputum to get conclusive evidence of tuberculosis is well discussed and the importance of bacteriological proof is stressed.

Part III deals with the prognosis and points out the difficulties of prognosing in pulmonary tuberculosis, and mentions the importance of the psychological aspect of the disease from the patient's standpoint.

The management of tuberculous cases is dealt with in the next part (IV), and in this section the question of collapse therapy in all its forms is discussed at considerable length, but general sanatorium treatment, which is so important, is dismissed within a few pages.

In the section dealing with artificial pneumonthoraces the importance of a " free " pneumothorax is pointed out, together with the methods of obtaining this by thoracoscopy and adhesion cutting. This point is well brought out, but the importance of it is not fully realized by all.

In the subsequent pages dealing with the various operative procedures that are available in order to produce an adequate collapse, the operations and the post-operative treatment are briefly mentioned.

In Part V the epidemiology and prevention are discussed. The question of B.C.G. vaccine is gone into fairly fully, and the authors are in favour of its use.

The book is freely illustrated with many diagrams and X-rays, the latter being well reproduced.

This book is well written in parts, but the section dealing with the management of pulmonary tuberculosis rather suggests that active treatment in one form or another is always indicated, which is misleading, and the vital importance of sanatorium treatment seems to be rather overlooked.

Purposes of Love. By MARY RENAULT. (Longmans, Green & Co., Ltd.) Price 8*s.* 6*d.*

This novel has received much praise and equal censure from the critics, but with the public it has been a best-seller ; partly because the public in its post-Citadel cynicism grasps eagerly at any criticism of the medical service, and partly because the author has written a very good novel with considerable frankness ; she has not been afraid to call a bed a bed, but with that was content.

Vivian Lingard, a nurse in a large county hospital, and the young pathologist there fall in love—a love that is beset with difficulties. In the brief hours of leisure Vivian lives with Mic—a Vivian sometimes jaded and always overworked—a Mic temperamental, and a prey to his unhappy past. In a moment of reaction she seeks artificial brightness ; a flirtation with Scott-Hallard, one of the surgeons on the staff ; begun thoughtlessly it plunges her into the mire, bringing misery upon herself and Mic. The sincerity of her love for him and the tragedy of her brother's death bring them together again in the end.

The characters of this novel are essentially human : Scott-Hallard, the surgeon, a man of brains with a bright outer shell of charm and culture, having love affairs as a tonic so as to be a 100% efficient, coolly thinking of possible war as scope for his administrative flair. The lesser lights are drawn with skill to form an amusing sub-plot of repressions and perversions, so common beneath an unintelligent application of a harsh discipline. The background

of the book, a nurse's life in a hospital, has for medical readers an especial interest. The stupid restrictions, the petty tyrannies, the interference in the leisure hours have certainly not been exaggerated. The subtly cruel pictures of Sisters are good :

> "Sister trotted off, her face red, her body angular, every muscle contracted, taut as an unoiled crane."

Cleverly the author allows them a point here and there, just to make them human enough to live, but does not fall into the error of blaming them for the regime, which would be confusing the fruit with its tree.

The chief criticism to be levelled against this book is that the plot hangs fire in places, and suffers occasionally from pseudo-intelligent conversations.

Several medical critics have concluded : "With the public this novel may give a wrong impression, do infinite harm, or cause offence." Poor timorous fools! The cold blast of criticism, however exaggerated, is better for the healthy growth of an institution than the steamy vapours of censorship.

Principles of Medical Statistics. By A. BRADFORD HILL, D.Sc., Ph.D. Second edition. (The Lancet Limited.) Price 6*s*.

A second edition of this book within twenty months is an indication of its usefulness. The author emphasizes the value of planned experiments, to avoid the accumulation of unnecessary data and to ensure that the results have some meaning, good or bad. If in this matter more guidance and direction were given to young research workers, there would be a rapid decline in the present "competition" in research, and a rise in the usefulness of the published results. The book shows again how figures can be made to achieve almost any desired result. Frequently a contributor to one of the more popular journals has squeezed into his "advertisement" the last drop of good impression that his figures will yield. The precipitate which he has withheld is subsequently brought to light in the correspondence columns. The application of real statistical method to numerical results, particularly in relation to treatment, is perhaps discouraging, but if the more important publications included the name of a recognized expert as the auditor of the method rather than of the arithmetic of calculations on which claims to success are based, perhaps we should believe more and be disappointed less.

The author deals simply with the common fallacies and difficulties, and specialists of any type should find practical illustrations which interest them. The second edition has included a new chapter on standardization of death-rates.

A study of this concise and inexpensive book would cause hesitation in any enthusiast on the point of rushing into print.

Diathermy, Short Wave Therapy, Inductothermy, Epithermy. By WILLIAM BEAUMONT, M.R.C.S.(Eng.), L.R.C.P.(Lond.). (H. K. Lewis & Co., Ltd.) Price 10*s*. 6*d*.

During the past few months several books on the subject of diathermy, and particularly short-wave therapy, have appeared on the market, and it is difficult to know whether further works on this subject are called for.

Presumably the more authorities one reads on any given subject, the more conversant one is likely to become with that subject.

This book is particularly interesting on account of its diagrams and illustrations, which in themselves are so explicit, that the technique of the application of treatment can be understood as well as, if not better than, by reading the script. The work is very full and complete, and Dr. Beaumont has followed his usual practice of stressing the limitations and dangers of the treatment as forcibly as he does its advantages.

Those intending to present themselves for examination in this subject will find this book of a special help, and would be well advised to study it.

Infra-red Irradiation. By WILLIAM BEAUMONT, M.R.C.S.(Eng.), L.R.C.P.(Lond.) Second edition. (H. K. Lewis & Co., Ltd.) Price 8*s*. 6*d*.

The call for a second edition of this little book in so short a period is in itself a proof of its value and the skill of its author.

A great deal has been written about this subject, and a great many exaggerated claims made for this form of treatment. It is therefore most gratifying to find that this little work not only gives in the simplest form its value and technique, but in no uncertain terms details its limitations.

Dr. Beaumont seems to have a great aptitude for dividing up his subject to the best advantage, and putting his facts so clearly that this book can be read with advantage, not only by the specialist, but by the young student.

The Treatment of Rheumatism in General Practice. By W. S. COPEMAN, M.D., F.R.C.P.(Lond.). Third edition. (Edward Arnold & Co.) Price 10*s*. 6*d*.

This book gives an attractive survey of a subject which is considered long and tedious in the learning and supremely depressing in the treatment. But, as Dr. Copeman tells us and by the end makes us realize fully, the subject "is not nowadays in the chaotic condition which many medical men still apparently believe". He emphasizes the importance of hope and co-operation in the patient as the vital factor in all kinds of "rheumatic" disorders, and, although he devotes the greater part of the book to their treatment, gives an eminently readable account of their ætiology, diagnosis and prognosis.

Also received:

Ker's Manual of Fevers. Revised by FRANK L. KER, B.A., M.B., Ch.B. Fourth edition. (Oxford University Press: Humphrey Milford, 1939.) Price 12*s*. 6*d*.

Sir Thomas Roddick. By H. E. MACDERMOT, M.D. (The Macmillans in Canada.) Price 6*s*. 6*d*.

The Childless Family. By E. E. GRIFFITH, M.R.C.S., L.R.C.P. (Kegan Paul, Trench, Trübner & Co., Ltd.) Price 3*s*. 6*d*.

Sanitary Law in Question and Answer. By CHARLES PORTER, M.D., B.Sc., M.R.C.P., and JAMES FENTON, C.B.E., M.R.C.P., D.P.H. Fourth edition. (H. K. Lewis & Co., Ltd.) Price 10*s*.

Conjoint Finals. By GERALD N. BEESTON, M.R.C.S., L.R.C.P. (John Bale, Sons & Curnow, Ltd.) Price 10*s*.

Report of the St. Marylebone Children's Rheumatism Supervisory Centre for 1938, including an Analysis of 300 Cases.

A Ramble on Flat Feet. By DOROTHY THACKERAY, M.I., S.Ch. (L. Kaiser.) Price 2*s*.

The Functions of Human Voluntary Muscles. By NORMAN D. ROYLE, M.D., Ch.M., F.R.A.C.S. (Angus & Robertson, Ltd.) Price 3*s*. 6*d*.

Medical Practice in Residential Schools. By F. G. HOBSON, D.S.O., D.M., F.R.C.P. (Oxford University Press: Humphrey Milford.) Price 10*s*. 6*d*.

SPORTS NEWS

EDITORIAL

August is one of those delightful months that act as a buffer between the summer and winter sessions of hospital activity: a few belated cricket matches are played at the beginning of the month, and the Sailing Club sends its members on long and hazardous cruises to the far corners of the earth (incidentally, the Bart.'s contingent have played a fair part in the ocean races this season, which we hope to hear more about next month), but on the whole, most people are enjoying the rather more static pleasure of lying about in the sun, varied, perhaps, by turning out for the "locals" against—that's enough, thank you. This year, however, the crisis being no respecter of seasons, the lotus-eaters have been rudely recalled by the necessity of shifting large, quantities of matter from A to B. This has been done with a great good-will and vigour, aided, perhaps, by a very welcome issue of free ale and by the chance to show a fine bronzed pair of shoulders. Whether these efforts are abortive or not remains to be seen, but they certainly make the blokes a fitter and slimmer lot than they usually are at this time of year.

CRICKET

Second XI Cup-ties.

Second round against **Westminster** on Saturday, July 15th, at Wandsworth Common. Result, won by 4 wickets.

THE HOSPITAL.

J. W. G. Evans, c and b Harlow	11	T. N. Fison, b Dodds	4
H. Gavurin, lbw, b Harlow	8	C. G. Nicholson, not out	20
S. R. Hewitt, c and b Harlow	25	J. L. Fison, not out	9
D. J. A. Brown, b Harlow	32	K. Bhargava, P. Feanny, B. L. Walker	Did not bat.
G. A. S. Akeroyd, lbw, b Harlow	0		
		Total (for 6 wkts.)	109

Westminster Hospital, 101 (Gavurin 4 for 24).

The feature of Westminster Hospital's batting was a last wicket stand of 48 runs. The Hospital obtained the runs fairly easily. Hewitt, Brown and Nicholson laying the foundation.

Junior Cup Semi-Final.

Against **Guy's Hospital** at Honor Oak Park, on Tuesday, July 18th. Result, won by 83 runs.

THE HOSPITAL.

J. W. G. Evans, b Curtiss	17	C. C. A. Goodall, b Coffey	18
H. Gavurin, c Sanders, b Curtiss	55	K. Bhargava, not out	16
S. R. Hewitt, b Curtiss	26	P. Feanny, b Downer	0
T. N. Fison, b Curtiss	9	J. Pritchard, c wkt, b Coffey	10
C. G. Nicholson, b Wooldridge	27	B. L. Walker, not out	8
J. L. Fison, c and b Downer	52	Total (for 9 wkts.)	274

Guy's Hospital, 191 (Nicholson 6 for 56).

Evans and Gavurin made a first wicket stand of 60 runs. Gavurin went on to make a hard hit half century. Bart.'s batting was consistent. J. L. Fison and Nicholson scored 60 runs in twenty minutes.

Guy's lost four wickets for 25 runs, but then a fifth wicket stand followed of 130 runs. At 8.45 p.m. the last Guy's man was out.

Junior Cup Final.

Against **St. Thomas's Hospital**, on Tuesday, July 25th, at Chiswick Park. Result, lost by 4 wickets.

THE HOSPITAL.

J. W. G. Evans, c Saute, b Kinloch	3	J. L. Fison, b Harper	12
H. Gavurin, c Harper, b Gummer	0	D. R. S. Howell, lbw, b Harper	9
P. Feanny, c wkt, b Kinloch	1	K. Bhargava, b Kinloch	12
T. N. Fison, b Ballantyne	11	J. Pritchard, not out	0
C. G. Nicholson, run out	30	Extras	2
H. M. Gilbertson, b Ballantyne	3		
C. C. A. Goodall, c wkt, b Ballantyne	8	Total	91

St. Thomas's, 92 for 6 wkts.

Bart.'s won the toss and batted first. The batting was consistently poor. It was through bad strokes that most of the wickets fell, although the opponents' bowling was good. Nicholson alone was on top of the bowling, and it was a tragic misunderstanding that his wicket was lost.

St. Thomas's had to fight for every run, and as their wickets fell, the finish looked to be in doubt. But Gummer and Ballantyne settled any doubts.

3rd XI *v.* **Sidcup 3rd XI.** Result, lost by 5 runs.

On May 6th every myth that might have been associated with the 3rd XI was dispelled by a very practical game against Sidcup. Punctually at 3.15 a worthy body of men emerged from the Pavilion to give a display of fielding which made up in originality what it lacked in prowess. As there were eight "stalwart bowlers" in the team, no difficulty was experienced in dismissing Sidcup for 127.

During this period, the following colours were awarded:

C. T. A James and R. Heyland for taking the wickets.

M. W. L. White (despite his grey trousers) for catching a catch.

H. Conte-Mendoza for not getting out of the way quite quick enough and thus stopping a fast one with his heel.

A. J. H. Spafford for keeping his men out of the bar between the overs.

Note must be made of J. V. T. Harold, who disappeared into the deep for several overs, and reappeared eventually with the biggest daisy-chain the team had ever seen.

After a refreshing tea interval Conte-Mendoza and White, both protesting violently, opened the innings. The score mounted slowly, no one staying very long, and everyone being out to "the best ball of the match". Heyland scored a useful 33 in a very short period, whilst Harold took slightly longer to make an equally useful 26.

Gimson, going in last, confused the fielders and scored a rapid 16 by hitting any ball within reach to the leg side. This stirred something in the breast of King, who had been playing somewhat cautiously up to date, and he promptly broke a pavilion window. Bart.'s then had 6 runs to win with 2 minutes to go. King thought he espied a half-volley, but apparently he was deceived, and an enjoyable game was lost by 5 runs.

THE HOSPITAL.

H. Conte-Mendoza, b Fingleton	2	R. Macpherson, b Earwicker	4
M. W. L. White, b Earwicker	1	R. Heyland, lbw, b Barrow	33
J. North, b Earwicker	6	C. T. A. James, b Barrow	5
A. J. H. Spafford, c Beaumont, b Earwicker	16	H. King, b Earwicker	6
J. V. T. Harold, b Barrow	26	P. Gimson, not out	16
J. Mullan, c Hammond, b Singleton	2	Extras	5
		Total	122

Sidcup, 127.

v. **Sidcup 3rd XI,** played at Sidcup, July 8th. Result, lost by 6 wkts.

Two months had elapsed before the 3rd XI took the field again to play the second of their three official fixtures. This they were

only enabled to do through the kindness of, firstly, the opposing side, who lent them their cricket gear, and secondly, Dr. G. Ellis, who equipped them with clothes.

The Hospital batted first and amassed 193 for 7 wickets in two hours. A. R. P. Ellis showed that his metal had not become tarnished through two years of disuse by scoring an invaluable 64. Spafford made any orthodox cricketers weep by hitting three sixes and seven fours with his eyes shut. Irving showed his versatility on a cricket field by a cautious 32 not out.

Our nine bowlers were not so successful, and Sidcup hit up 207 in an hour and forty minutes. The customary silence when fielding was marred by three men—Gregory's wails when he dropped his catches, Irving's appreciation of his own bowling, and Hill's gasps for breath as he struggled to finish an eight-ball over.

THE HOSPITAL.

A. R. P. Ellis, b Trust	64	N. P. Shields, b Shapland	0
H. Conte-Mendoza, c Singleton, b Trust	0	D. R. S. Howell, c sub, b Shapland	4
G. K. Marshall, c Humphries, b Singleton	14	G. Dalley, T. Gregory, G. Mason-Walshaw	Did not bat.
A. J. H. Spafford, b Barrow	55	Extras	9
K. Irving, not out	32		
P. G. Hill, c Singleton, b Shapland	15	Total (for 7 wkts., dec.)	193

Sidcup : 207 for 4 wickets (dec.).

GOLF

v. London School of Economics.

On Wednesday, June 14th, the hospital played against the London School of Economics at Addington Palace. There were two rounds of foursomes, followed by singles in the afternoon. Bart.'s won the foursomes by 2 to 1, and the singles by 3 to 1 ; one match was halved. For this match the team consisted of six players on either side.

Foursomes.

A. Fraser, C. Nel	0		Sanderson, Paish	4/3	1
H. Bevan Jones, W. McAleenan	1 up	1	Weston, Capt. Cane		0
E. Nicholl, C. Marshall	6/5	1	Reed, Wright		0
		2			1

Singles.

H. Bevan Jones (½)	0	Capt. Cane (½)	0
C. Nel	0	Sanderson (1 up)	1
E. Nicholl (4/3)	1	Wright	0
C. Marshall (3/1)	1	Weston	0
W. McAleenan (2 up)	1	Reid	0
A. Fraser	0	Paish	0
	3		1

One halved.

Putting Match v. Brethren of Charterhouse.

This match took place on Monday, June 19th, in the grounds of Charterhouse, starting at 4 p.m. The teams consisted of eleven men on either side, and both singles and foursomes were played. The Hospital won by one match. Afterwards a very good tea was provided, which was followed by a most interesting tour round the historical building. The students wish to express their gratitude to the Master and Brethren of Charterhouse for such a pleasant afternoon. The following represented Bart.'s :

H. Bevan Jones.
R. Russell Smith.
T. Gregory.
M. Golden.
N. Robbins.
G. Cawthorne.
A. Barwood.
M. Fawkes.
G. Mason Walshaw.
J. Smith.
W. McAleenan.

W. MCALEENAN,
Hon. Sec.

EXAMINATIONS, ETC.

UNIVERSITY OF OXFORD

The following Degrees have been conferred :

B.M.—Douglas, J. W. B., Stevenson, W. A. H., Walley, G. J.

UNIVERSITY OF CAMBRIDGE

The following Degrees have been conferred :

M.D.—Martin-Jones, J. D.
M.B., B.Chir.—Curl, O. J., Dixon, K. C., Isaac, P. W.

UNIVERSITY OF LONDON

M.D. Examination, July, 1939.

Branch I (Medicine).—Carpenter, M. A., Cates, J. E., Kanaar, A. C., Roberts, J. C., Royston, G. R.
Branch V (Hygiene).—McGladdery, J. P.

Examination for the Academic Post-Graduate Diploma in Medical Radiology, July, 1939.

Boden, G. W., Mundy, M. L.

Second Examination for Medical Degrees, July, 1939.

Part II.—Allardice, A. R., Amin, I. B., Bartlett, D., Birch, J., Bromley, W. A., Coggin-Brown, P., Cuddon, D. B., Hanbury, W. J., Holtby, G. R., Ismay, D. G., Jackson, B., Jacobs, D. K., James, A. R., Kok, D'A., Macaulay, J. C., McShine, A. D., Mathes, C. J., Merryfield, S. J. T., Nash, F. A., Pearce, J. F., Perkins, E. S., Picton, F. C. R., Roth, A., Sandiford. R. H., Story, P., Thomson, I. F., Thrower, A. L., Wells, B. G., Whelan, W. H.

First Examination for Medical Degrees.

Adams, J. C. L., Aronson, R. P., Austin, B. G. M., Balls, E. A., Carson, M. B., Coates, T. J. D., Coulson, J. H., Dawson, A. M., Dowling, M. A. C., Fox, C. G., Goodbody, R. A., Hughes, M. S., Jacobs, H. B., Leverton, J. C. S., Levy, L., Linsell, W. D., McConachie, J. W., Mehta, J. D., Monckton, R. T., Monks, P. J. W. Peck, B. J., Randall, K. J., Rey, J. H., Sheldon, A. F., Tait, G. R. D., Thomson, W. G., Todd, I. P., Turton, E. C., Vischer, P. H. M., Whitmore, T. K.

ROYAL COLLEGE OF PHYSICIANS

The following has been admitted a **Member** : Marwood, S. F.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS

The following Diploma has been conferred :

D.L.O.—Rotter, K. G.

BRITISH COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

The following has been admitted to the Membership : Capper, W. M.

The following has been elected to the Membership : Dalley, G.

CONJOINT EXAMINATION BOARD

Final Examination, July, 1939.

The following students have completed the Examinations for the Diplomas of **M.R.C.S., L.R.C.P.** :

Akeroyd, G. A. S., Banaji, P. B., Bintcliffe, C. J., Cardwell, J. L., Dawnay, P. F. H., Desmarais, M. H. L., Elder, P. M., Evans, E. G.,

Gauvain, J. H. P., Graham, G. D., Grant, R. N., Gimson, P. A., Hay, K. M., Irving, K. G., Isaac, P. W., Linton, J. S. A., North, J., McShine, L. A. H., Ohannessian, A. O. A., Peyton, H. N., Stevenson, W. A. H.

SOCIETY OF APOTHECARIES OF LONDON

Final Examination, July, 1939.

Medicine and Forensic Medicine.—Brenner, J. J.

CHANGES OF ADDRESS

CASTLEDEN, L. I. M., 52, The Grove, Edgware, Middlesex. (Tel. Edgware 7130.)

SAVAGE, E., Deneholme, Mountain Road, Caerphilly, Glam. (Tel. 2296—unchanged.)

APPOINTMENTS

CAPPER, W. M., F.R.C.S., M.C.O.G., appointed Honorary Assistant Obstetrician to Bristol Royal Infirmary and Bristol General Hospital.

NOORDIN, R. M., M.R.C.S., L.R.C.P., appointed Assistant Medical Officer, Casualty Services Section of Air-Raid Precautions Scheme, Borough of Ilford.

OAKLEY, W., M.D., M.R.C.P., appointed Assistant Physician, Diabetic Department, King's College Hospital.

BIRTHS

GORDON.—On July 29th, 1939, at the East Suffolk and Ipswich Hospital, to Joan (*née* Holland), wife of Dr. Charles John Gordon, 178, Gloucester Place, N.W. 1—a daughter.

JENKINS.—On July 31st, 1939, at 10, Stormont Park, Belfast, to Nina, wife of Cecil Richmond Jenkins—a daughter.

JENKINSON.—To Phyllis (Roo), wife of Surgeon Lieutenant-Commander S. Jenkinson, Royal Navy—a son.

LLOYD.—On August 7th, 1939, at Kenilworth House, Aldeburgh, Suffolk, to Hazel, wife of Dr. W. Jeaffreson Lloyd—a daughter.

PREWER.—On July 28th, 1939, at Maidstone, Kent, to Margaret, wife of Dr. R. Russell Prewer, of Broadmoor, Crowthorne, Berks.—a son.

ROBERTSON.—On July 18th, 1939, at Little Waltham, Essex, to Norah (*née* Gordon), wide of Dr. H. D. Robertson—a daughter.

SODEN.—On July 14th, 1939, at Wesley House, Brackley, Northants, to Clare, wife of Dr. G. E. Soden—a daughter.

TANNER.—On August 4th, 1939, at The Laurels, Newton Abbot, to Nancy (*née* Thynne), wife of Dr. Guy M. Tanner—a daughter.

WALSH.—On July 30th, 1939, at the London Clinic, to Marian (*née* Jacks), wife of Robert A. Walsh, D.M., of Osterley, Middlesex—a son.

MARRIAGES

BREWER—NICKELL-LEAN.—On July 29th, 1939, at St. Bartholomew the Great, London, E.C. 1, by Canon E. S. Savage, Hugh Francis Brewer to Elizabeth Gertrude Nickell-Lean.

DALE—WILLOUGHBY-OSBORNE.—On July 15th, 1939, at St. Aloysius Church, Oxford, Robert Henry, son of Sir Henry and Lady Dale, Mount Vernon House, Hampstead, to Mary, eldest daughter of the late Col. A. de V. Willoughby-Osborne, C.I.E., and Mrs. Willoughby-Osborne, of Woodend, Hinksey Hill, Oxford.

MARTIN—BUDGE.—On July 15th, 1939, at Christ Church, Kensington, Douglas George, youngest son of Mr. and Mrs. Robert Martin, of 16, Hillway, Highgate, N. 6, to Jean Elma, eldest daughter of Mr. and Mrs. George Budge, of Holly House, Rhiwderin, Monmouthshire.

DEATHS

COOK.—On July 22nd, 1939, Herbert George Graham Cook, C.B.E., M.D., F.R.C.S., of 22, Newport Road, Cardiff.

OGLE.—On July 25th, 1939, at 223, Randolph Avenue, W. 9, Charles John Ogle, M.R.C.S., aged 83.

Printed for the Proprietors by ADLARD & SON, LIMITED, 21 Bloomsbury Way, London, W.C. 1.